



Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A NON-RESIDENT OUTSOURCING FACILITY REGISTRATION

Check Appropriate Box(es):

<input type="checkbox"/> New	\$270.0	<input type="checkbox"/> Reinstatement	_____	<input type="checkbox"/> Change of Tradename*	No Fee
<input type="checkbox"/> Change of Ownership	\$50.00	<input type="checkbox"/> Change of VA PIC*	No Fee	<input type="checkbox"/> Change of Address*	No Fee

Application fees are not refundable. Applications are valid for one year from the date of receipt.
The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name, not initials.

Name of Outsourcing Facility		Telephone Number	
Street Address		Fax Number	
City		State	Zip Code
Resident State Permit Number(s) to practice as Outsourcing Facility		*Effective Date of Change	
FDA Registration Number as Outsourcing Facility		Email Address of Pharmacist-in-Charge	

Virginia Non-Resident Outsourcing Facility Registration Number, if applicable

0236-

Designated Virginia licensed pharmacist-in-charge:

Print Name: _____ License No.: **0202-**

By affixing my signature I acknowledge that I am responsible for this outsourcing facility's compliance with the Virginia Drug Control Act and am fully engaged in the compounding performed at the location stated on the application.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: ☐ Sterile Compounding ☐ Non-Sterile Compounding

Date processed:	Check No:	Receipt No:	Application No:	
Date Issued:	Registration Number 0236-	Reviewed By:	Date Reviewed:	USP or cGMP:

OWNERSHIP TYPE—check one: Corporation ☐ Partnership ☐ Individual ☐ Other ☐

Name of ownership entity if different from name of application: _____

Street Address: _____ Phone No. _____

City: _____ State: _____ Zip Code: _____

State(s) of incorporation: _____

List all other trade or business names used by this facility

Name: _____

Name: _____

Name: _____

Name: _____

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES, OR LIST IS ATTACHED ☐

Name: _____ Title: _____

Contact Address: _____

Name: _____ Title: _____

Contact Address: _____

Please answer the following questions:

1. Does the outsourcing facility engage in the **HIGH-RISK** compounding of sterile drug products? Yes ☐ No ☐

2. Does the outsourcing facility engage in the **MEDIUM-RISK** compounding of sterile drug products? Yes ☐ No ☐

3. Does the outsourcing facility engage in the **LOW-RISK** compounding of sterile drug products? Yes ☐ No ☐

4. Does the outsourcing facility engage in the compounding of **NON-STERILE** drug products? Yes ☐ No ☐

5. Does the outsourcing facility dispense compounded drugs pursuant to valid prescriptions? If yes, a non-resident pharmacy registration is also required. Outsourcing facilities which share the same space with a pharmacy must perform all compounding in compliance with cGMPs. Yes ☐ No ☐

ADDITIONAL REQUIRED INFORMATION: The requested documentation must be submitted with the application in order to grant registration as a non-resident outsourcing facility.

1. A legible copy of this facility's current, unexpired, unrestricted permit(s) in its resident state authorizing the practice as an outsourcing facility.
2. A legible copy of this outsourcing facility's current, unexpired, unrestricted FDA registration.
3. A copy of the current outsourcing facility inspection report, conducted no more than 1 year prior to the date of submission of this application, in compliance with §54.1-3434.5 of the Virginia Drug Control Act and indicating compliance with current good manufacturing practices (cGMPs). Corrective action addressing any identified deficiencies must be submitted with the inspection report, along with any correspondence with a regulatory body regarding the corrective action.

*** If the outsourcing facility is changing trade name or address, the current resident state license for the outsourcing facility reflecting the updated information must be submitted with the application.**